

we aimed to investigate the relation between body mass index (BMI) and N-Terminal pro Brain Natriuretic Peptide (NT-proBNP) level.

**Patients and methods:** From a French regional survey for acute MI, we formed 739 triplets of patients (n=2217) with an acute MI, matched with respect to age, gender, and renal function (MDRD, modification of diet in renal disease), each classified for BMI groups as obese (BMI > 30 kg/m<sup>2</sup>), overweight (BMI 25-29.9 kg/m<sup>2</sup>) and normal (BMI 20-24.9 kg/m<sup>2</sup>). Blood samples were taken on admission to assess NT-proBNP levels.

**Results:** Among the 2217 participants, mean age was 68±12 years, 80% were male and MDRD was 75±26 ml/min/1.73m<sup>2</sup>. Higher prevalence of CV risk factors (hypertension, diabetes and dyslipidemia) was found across the overweight and obese groups. Admission CRP levels were increased in obese patients. Clinical heart failure on admission and LVEF were similar for the 3 groups. When compared with normal BMI, levels of NT-proBNP dramatically decreased by about 20% in overweight and by 60 % in obese patients (1046 vs 839 and 444 pg/ml, respectively, p<0.001). An inverse relationship between the propeptide values and BMI was found (r=-0.20, p<0.0001). By multivariable linear regression, BMI was a predictor of logNT-proBNP level. One-Y CV mortality was similar for the 3 BMI groups (p=0.691). By multivariate logistic regression analysis, logNT-proBNP independently predicted 1-Y CV mortality in normal (OR(95%CI), 2.24(1.29-3.89)) and overweight (OR(95%CI): 6.11(2.75-13.60)) patients. However, in obese patients, the propeptide levels failed to retain its prognostic capacity (OR (95%CI): 1.44(0.88-2.35)).

**Conclusions:** In this large contemporary non-selected cohort of MI patients, NT-proBNP levels were dramatically reduced in obese patients even matched for age, renal function and gender. Moreover, in obese patients with acute MI, the significance of the propeptide level as an independent prognostic factor remains to be determined.

## 017

### Incidence, type and prognostic impact of bleeding complications with radial primary PCI of STEMI: The Pitié-Salpêtrière experience

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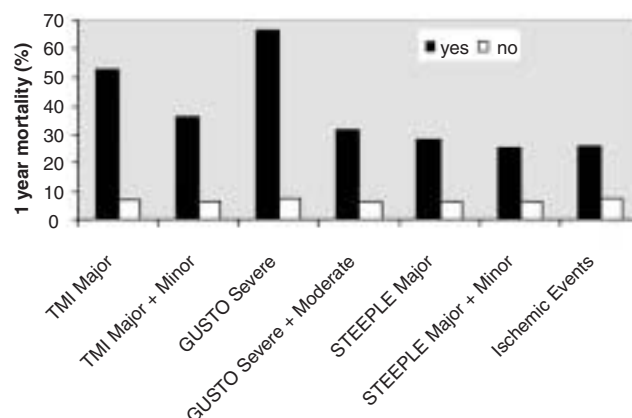
**Aim:** We evaluated the rates, types and prognosis impact of bleeding complications in all-comers presenting with STEMI treated with aggressive anti-thrombotic treatment and radial access for primary PCI.

**Methods:** Consecutive STEMI patients (n=695) were evaluated for bleeding complications using a web-based registry (e-PARIS). In-hospital bleedings were adjudicated using various definitions (TIMI, GUSTO, STEEPLE). In-hospital ischemic events were the composite of MI, stroke and recurrent ischemia leading to urgent revascularization.

**Results:** Mean age was 63±14 years, 531 (76.4%) were male, 142 (20.4%) diabetic, 141 (20.3%) had known coronary disease. In this non-selected, high risk population, 5.2% had cardiogenic choc on admission, 3.7% had pre-hospital cardiac arrest, 49.4% had multivessel disease and in 45.2% the left anterior descending artery or left main was the culprit artery. Radial access (88%) was used as often as possible as well as abciximab (82%). The loading dose of clopidogrel ranged from 300 to 900mg. Pre-hospital fibrinolysis was used in 5.9%. Cardiac assist devices (IABP, ECMO, Tandem Heart) all requiring a femoral access, were used in 7.5% of patients. In-hospital death rate was 5.3%. In-hospital bleeding rates varied widely according to the definitions used: 2.3%, 1.4%, 5.3%, 9.2% and 10.8% with TIMI Major, GUSTO Severe, TIMI Major & Minor, GUSTO Severe & Moderate or STEEPLE Major, respectively. One year mortality according to bleeding or ischemic events are shown in the figure. The most frequent TIMI Major Bleeding (MB) complications were gastrointestinal (GI) (44%) and assistance device related (33%) MB.

**Conclusions:** Although bleeding rates vary a lot with the definitions used, major or minor bleedings strongly relate to 1-yr mortality after primary PCI and weigh at least as much as recurrent ischemic complications. The most frequent MB with radial primary PCI is GI bleeding.

### 1 year mortality according to in hospital bleeding or ischemic events



## 018

### Immediate and 12 month outcomes of interventional reperfusion strategy in acute ST elevation myocardial infarction at a developing country hospital. Compared to the west, can good results be achieved?

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**Background:** Percutaneous coronary intervention (PCI) has been proven to be the treatment of choice in acute ST-elevation myocardial infarction (STEMI) in the west world. There is limited adoption and a paucity of data on outcomes following PCI in developing countries.

The objective of this study was to describe the procedural and clinical outcomes of patients undergoing PCI for STEMI at a university hospital in Tunisia and make a comparison with outcomes from the West.

**Methods:** We conducted a retrospective cohort study at a tertiary care university hospital in Tunis, Tunisia. A total of 209 consecutive patients undergoing PCI between January 2005 and June 2007 were reviewed. cox proportional hazards models were constructed. The primary outcome was mortality: in-hospital, 30 days, and 12-month later.

**Results:** The mean patient's TIMI score was 3.8±0.2 (10% were in cardiogenic shock). Procedural success was 75.5%. In-hospital, 30 days and 12 months mortality were respectively 5.3%, 6.7% et de 8.2%, comparing favorably with TIMI's score predicted mortality and the published registries from developed countries. Multivariate predictors of in-hospital death included (hazards ratio, 95% confidence interval) age>70 years, multivessel disease and PCI failure. Multivariate predictors of 12 months death were killip III-IV status at admission and PCI failure.

**Conclusion:** We conclude that, despite the logistic difficulties, excellent outcomes for acute interventional reperfusion strategy in STEMI can be achieved in a developing country, possibly similar to those seen in the West. There is a strong need for making the practice of PCI in STEMI more widespread in developing regions.

## 019

### Aspirin Non Compliance is the Major cause of "Aspirin Resistance" in Patients undergoing Coronary Stenting

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